

Artists in Schools/Communities Program

PO Box 202201 Helena, MT 59620-2201 (406) 444-6522 Arts Education Hotline (800) 282-3092
You can download a copy of this form at: http://art.mt.gov/resources/resources_sitemap.asp

Special Project Final Report

Sponsor name: _____

Address: _____

City, State, Zip: _____

Contact person: _____

Phone (daytime): _____

Sponsor Tax Identification Number: _____

Project beginning date: _____ completion date: _____

Grant amount: _____

Expense: on the chart below, show your actual expense for this project.

Project Expense:	
Consultant/Artist Fee*:	
Travel:	
Lodging:	
Meals:	
Printing, Supplies, Etc.**:	
Space rental:	
(**receipts required)	
Total Project Expense	
(must equal total project income)	

* \$_____ was paid to the Consultant/Artist on or before the residency completion date for services and expenses in connection with the Montana Arts Council's Artists in the Schools/Communities Program. This is the total compensation to the artist for this residency

Consultant/artist signature

date signed

STATISTICS

Total students _____ Total teachers _____ Total professional artists _____ Community members _____

Total number of participants involved with the project (including audience): _____

Please note: "total number" indicates any student, parent, guardian, audience member, visitor, teacher, administrator or staff person.

Support from the community: Cash: \$_____ In-kind: \$_____

Did you have a community event? ☐ Yes ☐ No Number of events: _____

On a separate sheet please answer the following questions:

1. Give a brief description of the project; include the strengths and weaknesses of the project or special information that would be helpful in understanding the outcome of the project.
2. How do you plan to continue the program after the grant period?
3. Please include any publications, video or other documentation that resulted from the project.